

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02949

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, St. Mary's City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, St. Mary's City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Judy</u> (Middle) <u>mae</u> (Last) <u>Bonds</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>26</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>6-4-50</u>
9. AGE last birthday <u>9</u> yrs. <u>21</u> Months <u>21</u> Days <u>21</u> Hours <u>21</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Great Mills Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Richley Bonds</u>		14. MOTHER'S MAIDEN NAME <u>Mary Margaret Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Richley Bonds</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Whooping cough1 month

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) <u>HOMICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Great Mills, Md.</u>	(COUNTY) <u>St. Mary's</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3-26-51</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-4-, 1951, to 3-26, 1951, that I last saw the deceasedalive on 3-24, 1951, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3-26-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. James</u>	LOCATION (City, town, or county) <u>St. James, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>3-26-51</u>	REGISTRAR'S SIGNATURE <u>P.J. Bean, MD.</u>	24. FUNERAL DIRECTOR <u>Richley Bonds</u>	ADDRESS <u>Great Mills, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAR 27 1951  
BURBANK Y. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02950

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Clement</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		MARYLAND LENGTH OF STAY (in this place) <u>48 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Clement</u> STREET ADDRESS (If rural, give location) <u>A. G. D. # 2</u>	
3. NAME OF DECEASED (Type or Print) <u>Margaret Rose</u> (First) <u>Smy</u> (Middle) <u>Smy</u> (Last)		4. DATE OF DEATH <u>Mch 21</u> (Month) <u>1957</u> (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mch 31-1891</u>	9. AGE last birthday <u>69</u> yrs.	If under 1 year Months <u>11</u> Days <u>21</u> If under 24 hrs. Hours <u>11</u> Mins. <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife for self</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>	
13. FATHER'S NAME <u>William L. Mattingly</u>		14. MOTHER'S MAIDEN NAME <u>Sophia Johnson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY No. _____		17. INFORMANT AND ADDRESS <u>Leonard Smy</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Metastatic carcinoma of Brain.

INTERVAL BETWEEN ONSET AND DEATH

2 mos

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Primary carcinoma Bt breast.2 1/2 years

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 1, 1948, to Mch 21, 1957, that I last saw the deceased alive on Mch 18, 1957, and that death occurred at 11: A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Mch 24-1957</u>	<u>St Joseph Cemetery</u>	<u>Morgantown St Marys</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/22/57</u>	<u>C. C. C. C.</u>	<u>Jos C. Mattingly</u>	<u>Leonardtown, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02951

## CERTIFICATE OF DEATH

Reg. Dist. No. .... 282

1. PLACE OF DEATH- COUNTY <u>At sea (See reverse side)</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) -----		CITY (If outside corporate limits, write RURAL and give nearest town) -----	
TOWN -----		TOWN <u>Patuxent River, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Infirmiry, U.S. Naval Air Station</u>		STREET ADDRESS <u>1246B MEMO</u> (If rural, give location)	
STREET ADDRESS <u>Patuxent River, Maryland</u>		STREET ADDRESS <u>Naval Air Station</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Robert</u>	(Middle) <u>Samuel</u>	(Last) <u>HANEY</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>8</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-15-23</u>
9. AGE last birthday <u>27</u> yrs.	If under 1 year Months <u>11</u> Days <u>24</u> Hours <u>-</u> Min. <u>-</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aviation mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Navy</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13. FATHER'S NAME	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	
16. SOCIAL SECURITY No. (If yes, give war or dates of service) <u>1942-1951</u>		17. INFORMANT AND ADDRESS <u>U.S. Navy records</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) INJURIES, MULTIPLE, EXTREME

Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT (Specify)  
SUICIDAL HOMICIDE AccidentPLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY See reverse

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF March 8 1951 2:17 PMINJURY OCCURRED  
While at ☒ Not While ☐  
Work ☒ At work ☐

HOW DID INJURY OCCUR?

Plane crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased

alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thenton D. BOAZ, CAPTAIN MC USNUSNAS, Patuxent River, Maryland3-19-51

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

## (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

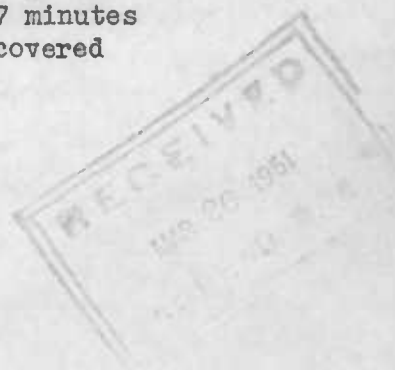
MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

673916

NOTE: Deceased was a crew member of an aircraft (P4M-1) on local test flight from U. S. Naval Air Station, Patuxent River, Maryland on March 8, 1951 when plane stalled and crashed in Chesapeake Bay, six miles north Windmill Point about 37 degrees 37 minutes north and 76 degrees 12 minutes west. Body was not recovered until 18 March 1951.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02952

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <u>St Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>St Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicville Md</u>	
TOWN <u>Mechanicville</u> LENGTH OF STAY (In this place) <u>life</u>		TOWN <u>Mechanicville Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural give location) <u>P.F.O.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>BLANCH</u>	(Last) <u>HOLT</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>31</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3-1906</u>
9. AGE last birthday <u>45</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work by the day</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Hayes Holt</u>		14. MOTHER'S MAIDEN NAME <u>Sue Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Father William H Holt</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Hemorrhage</u>		<u>3 wks</u>
Antecedent cause(s) (b) <u>Chronic lymphatic leukemia</u>		<u>1 year</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1951, to Mar 31, 1951, that I last saw the deceased alive on Mar 17, 1951, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE Ray Luther, M.D. ADDRESS Mechanicville, Md DATE SIGNED 3/31/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 3-1951</u>	<u>St Joseph</u>	<u>Mechanicville Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/4/51</u>	<u>—</u>	<u>Jr C. Mattingley</u>	<u>Leonardtown Maryland</u>	

720836 Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 02953

1. PLACE OF DEATH- COUNTY <u>ST. MARY'S</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>ST. MARY'S</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CHARLOTTE HALL</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CHARLOTTE HALL</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>JOSEPH</u>	(Middle) <u>LEOPOLD</u>	(Last) <u>ISTVAN</u>
4. DATE OF DEATH	(Month) <u>MARCH</u>	(Day) <u>13</u>	(Year) <u>1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 18, 1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELEVATOR BOY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL</u>	9. AGE last birthday <u>34</u> yrs. If under 1 year Months Days If under 24 hrs. Min.
11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>JOSEPH ISTVAN</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH HAUS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>577-26-1824</u>	
17. INFORMANT <u>LEOPOLD LOTSPICH (UNCLE)</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

344.2 Immediate cause (a) SUB ARACHNOID HEMORRHAGE 3 HOURS

6 Antecedent cause(s) (b) SPASTIC HEMIPLEGIA, RIGHT (RESIDUAL OF CEREBROSPINAL MENINGITIS) 30 YEARS

(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from OCTOBER 19, 47, to MARCH 13, 1951, that I last saw the deceased alive on MARCH 13, 1951, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE John N. Griffin, M.D. (Degree or title) ADDRESS HUGHESVILLE, CHARLES CO. DATE SIGNED 3/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>3/16/51</u>	NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	LOCATION (City, town, or county) <u>Bryantown</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>3/16/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Waldorf</u>	ADDRESS <u>7618736</u>	

Mrs Eleanor Cantor

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 19 1954  
BUREAU T. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02954

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Leonardtown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicville</u>	
TOWN <u>Leonardtown</u>		TOWN <u>Mechanicville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u> (First) <u>ELMER</u> (Middle) <u>JENKINS</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>28</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-21-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>store</u>	9. AGE last birthday <u>59</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>William J. Jenkins</u>		14. MOTHER'S MAIDEN NAME <u>Rachel A. Whetley</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>Jos. E. Jenkins - Mechanicville, Md.</u>	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Hepatic coma & uremia  
1242 Antecedent cause(s) (b) Cirrhosis of liver  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH  
3 d.  
1 year

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
Yes ☐ No ☒

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
HOMICIDE	INJURY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.			

22. I hereby certify that I attended the deceased from April, 1950, to Mar 28, 1957, that I last saw the deceased alive on Mar 28, 1957, and that death occurred at 5:30 m., from the causes and on the date stated above.

SIGNATURE Ray Gwyther, M.D. (Degree or title) ADDRESS Mechanicville DATE SIGNED 3/28/57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-31-57</u>	<u>St. Joseph</u>	<u>Morgantown, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3/30/57</u>	<u>Cannali</u>	<u>P.B. Robinson</u>	<u>Leonardtown, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02955

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY <u>St. Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>St. Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Ridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Ridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Sister</u> (Middle) <u>Mary</u> (Last) <u>Indiana</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>22</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 6, 1888</u>
9. AGE last birthday <u>62 yrs.</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	
11. BIRTHPLACE (State or foreign country) <u>Connecticut</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Raymond Vegiard</u>		14. MOTHER'S MAIDEN NAME <u>Rose Mary Guillelte</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Sister Adelaide Ridge, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Coronary rupture

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

## Antecedent cause(s)

(b) Coronary sclerosis3 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan., 1957, to 3-22, 1957, that I last saw the deceased alive on 3-22, 1957, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-25-51</u>	<u>Convent Cemetery</u>	<u>Hartford, Conn.</u>	<u>Conn.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3-23-51</u>	<u>J. J. Bean, MD.</u>	<u>P. B. Robinson</u>	<u>Leonardtown</u>	

093888 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02956

Reg. Dist. No. 281

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>St. Mary's City (Rural)</u> TOWN <u>St. Mary's City (Rural)</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>St. Mary's City (Rural)</u> TOWN <u>St. Mary's City (Rural)</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Michael</u> (Middle) <u>-</u> (Last) <u>Kohut</u>		4. DATE OF DEATH <u>3-4-1951</u>		5. AGE last birthday <u>91</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
6. SEX <u>male</u>	7. COLOR OR RACE <u>white</u>	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	9. DATE OF BIRTH <u>1-26-1860</u>	10. AGE last birthday <u>91</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm owner</u>		11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>-</u>		17. INFORMANT AND ADDRESS <u>Mary Kohut - St. Mary's City, Md.</u>	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

#### Immediate cause

(a) Cerebral embolism

#### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General arteriosclerosis with narrowing of feet

(c)

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec, 1945, to Mar, 1947, that I last saw the deceased alive on 3-3-1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

P. J. Beary M.D. Great Mills Md 3-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>3-7-51</u>		NAME OF CEMETERY OR CREMATORY <u>St. Mary's City</u>		LOCATION (City, town, or county) <u>St. Mary's City, Md.</u>		(State)	
DATE REC'D BY LOCAL REG. <u>3-6-51</u>		REGISTRAR'S SIGNATURE <u>P. J. Beary M.D.</u>		24. FUNERAL DIRECTOR <u>W. J. Thompson</u>		ADDRESS <u>Leonardtown, Md.</u>			

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

RECEIVED  
MAY 9 1961  
BUREAU & W

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

02957

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <u>ST. Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>District of Columbia</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Scottd Beach.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u>	
TOWN <u>Scottd Beach.</u>		TOWN <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>3621 - Newark St. N.W.</u> ✓	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> (First) <u>FRANCIS</u> (Middle) <u>O'KEEFE</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>25</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 17-1906</u> 44 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	9. AGE last birthday <u>44</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Thomas F. O'KEEFE</u>		14. MOTHER'S MAIDEN NAME <u>HANNA HUNWORTH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mildred E. O'KEEFE</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Acute coronary occlusion</u>		<u>immediate</u>
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerosis &amp; hypertension</u>		<u>1 yr.</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <u>none</u>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>none</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	INJURY OCCURRED White at work <input type="checkbox"/> Not white <input type="checkbox"/> <u>none</u>	HOW DID INJURY OCCUR? <u>none</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>William L. Lane</u> (Degree or title)		ADDRESS <u>Leighton Park, Md.</u>		DATE SIGNED <u>3/25/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>3/25/51</u>	NAME OF CEMETERY OR CREMATORY <u>Washington</u>	LOCATION (City, town, or county) <u>D.C.</u>	(State)
DATE REC'D BY LOCAL REG. <u>3/26/51</u>	REGISTRAR'S SIGNATURE <u>C. C. ...</u>	24. FUNERAL DIRECTOR <u>Horton Funeral Home, Washington</u>	ADDRESS <u>390916 D.C.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 29 1951  
BUREAU A. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02958

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY <u>St Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Leonardtown</u> TOWN <u>St Mary's Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Mary</u> COUNTY <u>St Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Callaway</u> TOWN <u>Callaway</u> STREET ADDRESS (If rural, give location) <u>Callaway</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Infant</u> (Middle) <u>Owens</u> (Last) <u>Owens</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3/16/51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>James Allen Owens</u>		14. MOTHER'S MAIDEN NAME <u>Frances Mary Russell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>J. Allen Owens</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia Neonatorum

Antecedent cause(s) (b) Asphyxia of Neonate

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Breath Birth

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hrs

1 1/2 hrs

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Leonardtown</u>	(COUNTY) <u>St Mary's</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3-16-57</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>—</u>		

22. I hereby certify that I attended the deceased from 3-16, 1957, to 3-16, 1957, that I last saw the deceased

alive on 3-16, 1957, and that death occurred at 9:12 A.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd MD (Degree or title) ADDRESS Leonardtown DATE SIGNED 3/16/57

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 16-1957</u>	NAME OF CEMETERY OR CREMATORY <u>Holy Face Cemetery</u>	LOCATION (City, town, or county) <u>Leonardtown</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>3/16/57</u>	REGISTRAR'S SIGNATURE <u>Caecilia</u>	24. FUNERAL DIRECTOR <u>Joe E. Martin</u>	ADDRESS <u>Leonardtown</u>	

20161231405

— Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02959

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mechanicville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mechanicville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>P.F.D. #</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Elbert</u> (Middle) <u>John</u> (Last) <u>Quenness</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>27</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 28 1918</u>
9. AGE last birthday <u>40</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>James</u>		14. MOTHER'S MAIDEN NAME <u>Gertrude Wathin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>220-46-8669</u>	
17. INFORMANT AND ADDRESS <u>Mrs Mary A. Quenness</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary Thrombosis</u>		
Antecedent cause(s) (b) <u>420.1</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>94a</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 27, 1957, to Mar 27, 1957, that I last saw the deceased alive on Mar 27, 1957, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE Ray Luther ADDRESS 100105 DATE SIGNED 3/28/57

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/29/57</u>	NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>	LOCATION (City, town, or county) <u>Maryland St Marys</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>3/28/57</u>	REGISTRAR'S SIGNATURE <u>Carroll</u>	24. FUNERAL DIRECTOR <u>Joe C. Mattingley</u>	ADDRESS <u>Leonardtown, Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 286

02960

1. PLACE OF DEATH- COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY St. Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural Oakly		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakly, Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Jane Elizabeth Parker		4. DATE OF DEATH March 23 1951	
5. SEX F	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 6/11/1884
9. AGE last birthday 66 yrs.		10. If under 1 year Months 9 Days 12 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Mary's Co., Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Hill		14. MOTHER'S MAIDEN NAME Julia Ann Bitter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mrs. T. Collins Oakly, Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

33 Immediate cause (a) Cerebral apoplexy

83a Antecedent cause(s) (b) Arteriosclerosis

(c) former attach

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/8, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/26/51	Sacred Heart	Bushwood, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
3/23/51	R. V. Palmer	J. C. Mattingley, Leonardtown, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

720836

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02961

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH - COUNTY <u>St. Mary's</u> <u>At sea (See reverse side)</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patuxent River, Maryland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patuxent River, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>U.S. Naval Air Station Patuxent River, Maryland</u>		STREET ADDRESS <u>931B, MOQ Naval Air Station</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Goodwin</u> (Middle) <u>Waldo</u> (Last) <u>SANDVIG</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>8</u> (Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-14-19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aviation Pilot</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	9. AGE last birthday <u>31</u> yrs. If under 1 year Months <u>2</u> Days <u>25</u> If under 24 hrs. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1942-1951</u>		16. SOCIAL SECURITY No. <u>U. S. Navy records</u>	
17. INFORMANT AND ADDRESS			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) INJURIES, MULTIPLE, EXTREME

Immediate

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>HOMICIDE Accident</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>See reverse</u>	(CITY OR TOWN) <u>See reverse</u>	(COUNTY) <u>See reverse</u>	(STATE) <u>See reverse</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 8 1951 12:17 PM</u>	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Plane crash</u>		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thenton D. BOAZ, CAPTAIN MC USN USNAS Patuxent River, Maryland 3-19-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/23/51</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington National</u>	LOCATION (City, town, or county) <u>Arlington, Virginia</u>	(State) <u>Virginia</u>
DATE REC'D BY LOCAL REG. <u>3/21/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Leonardtown, Md.</u>	

673916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOTE: Deceased was co-pilot of an aircraft (P4M-1) on local test flight from U. S. Naval Air Station, Patuxent River, Maryland on March 8, 1951 when plane stalled and crashed in Chesapeake Bay, six miles north Windmill Point about 37 degrees 37 minutes north and 76 degrees 12 minutes west. Body was not recovered until 17 March 1951.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

02962

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>St. Marys</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>St. Marys</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Holly Wood</u>	
TOWN <u>St. Marys</u>		TOWN <u>Holly Wood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>9.7.0. #1</u>	
3. NAME OF DECEASED (Type or Print) <u>William Joseph</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>12</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept 26, 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>5</u> yrs. If under 1 year: Months <u>15</u> Days <u>15</u> Hours <u>15</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore City, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Joseph Steward</u>		14. MOTHER'S MAIDEN NAME <u>Alice Somerville</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>William Joseph Steward</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Asphyxia</u>		<u>mediate</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>underlying asphyxiated</u>		<u>mediate</u>
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. <u>coryza</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <u>none</u>	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY <u>none</u>	(CITY OR TOWN) <u>none</u> (COUNTY) <u>St. M.</u> (STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>none</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>William J. Steward</u>		DATE SIGNED <u>3/12/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>	LOCATION (City, town, or county) (State) <u>Compton St. Marys Ind</u>
DATE REC'D BY LOCAL REG. <u>3/13/51</u>	REGISTRAR'S SIGNATURE <u>Caumalun</u>	24. FUNERAL DIRECTOR <u>J. C. Mattingly</u>	ADDRESS <u>Leonardtown Maryland</u>

209260223395

# 50-20688

MARGIN RESERVED FOR BINDING

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 16 1981  
BUREAU & F

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02963

## CERTIFICATE OF DEATH

Reg. Dist. No. 289

*Thomas James W.*

1. PLACE OF DEATH COUNTY <i>Middle St Mary Co.</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>St Marys</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Middle</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>James</i>	(Middle) <i>W.</i>	(Last) <i>Thomas</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>1861</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Team Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>90</i> yrs.
11. BIRTHPLACE (State or foreign country) <i>Maryland St Marys Co.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <i>Welfare Board</i>			

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3/1/50</i>
Immediate cause (a) <i>Acute Cardiac Delet</i>		
Antecedent cause(s) (b) <i>Arteriosclerosis, Hypertension</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>	
19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct*, 19*50*, to *March 1*, 19*51*, that I last saw the deceased alive on *3/1*, 19*51*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

SIGNATURE <i>Aloysius C Welch M.D.</i>	(Degree or title)	ADDRESS <i>Choptice Maryland</i>	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify) <i>burial</i>	DATE THEREOF <i>March 3 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	LOCATION (City, town, or county) (State) <i>Bushwood St Marys Md</i>
DATE REC'D BY LOCAL REG. <i>3/3/51</i>	REGISTRAR'S SIGNATURE <i>Carroll</i>	24. FUNERAL DIRECTOR <i>Jos C. Mattingley</i>	ADDRESS <i>Leonardtown Md 100105</i>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02964 284

Reg. Dist. No. 100

1. PLACE OF DEATH- COUNTY <u>ST. MARY'S</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>ST. MARY'S</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CHARLOTTE HALL</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CHARLOTTE HALL</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>MOLLY</u>	(Middle) <u>S.</u>	(Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>3-11-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Family</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year Months Days Hours Min.
13. FATHER'S NAME <u>Richard Speaks</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Odessa Butler (Daughter)</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>ARTERIO-SCLEROTIC HEART DISEASE</u>	<u>3 1/2 yrs.</u>	
Antecedent cause(s) (b) <u>GENERALIZED ARTERIO-SCLEROSIS</u>	<u>10 YEARS</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from OCT. 1947, to MARCH 18 1951, that I last saw the deceased alive on MARCH 16, 1951, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE <u>John H. Griffin, M.D.</u>	(Degree or title)	ADDRESS <u>Hughesville</u>	DATE SIGNED <u>3/18/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>3-22-51</u>	NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	LOCATION (City, town, or county) (State) <u>Charlotte Hall Md</u>
DATE REC'D BY LOCAL REG. <u>3/20/51</u>	REGISTRAR'S SIGNATURE <u>John H. Griffin</u>	24. FUNERAL DIRECTOR <u>Smith &amp; Son Waldoys</u>	ADDRESS <u>Mrs. Eleanor Butler</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02965

Reg. Dist. No. 28/

1. PLACE OF DEATH: COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Park Hall</u> TOWN <u>Park Hall</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Park Hall</u> TOWN <u>Park Hall</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Sarah Catherine Toney</u>		4. DATE OF DEATH <u>March 13</u> 19 <u>51</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 1 1894</u>	9. AGE last birthday <u>57</u> yrs.	If under 1 year Months <u>2</u> Days <u>13</u> Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife for family</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland St. Mary's</u>	
13. FATHER'S NAME <u>John Fenwick</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Lawrence</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Robert J. Toney</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Acute myocarditis

INTERVAL BETWEEN ONSET AND DEATH

10 days

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes6 years

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/7, 1951, to 3/13, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED 4/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>	LOCATION (City, town, or county) <u>Park Hall St. Mary's Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>March 13/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Joe C. Mattingly</u>	ADDRESS <u>Leonardtown Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02967

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write nearest town) <u>Leonardtown</u> TOWN <u>Leonardtown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write nearest town) <u>Leonardtown</u> TOWN <u>Leonardtown</u> STREET ADDRESS <u>B. Ford St 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Joseph</u> (First) <u>Alphonse</u> (Middle) <u>Wise</u> (Last)		4. DATE OF DEATH <u>March 10</u> 19 <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 31-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>57</u> yrs. <u>9</u> Months <u>9</u> Days
11. FATHER'S NAME <u>James C. Wise</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. MOTHER'S MAIDEN NAME <u>Margaret E. Medley</u>		14. BIRTHPLACE (State or foreign country) <u>Maryland St. Mary's</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>C. B. Wise</u>		18. MEDICAL CERTIFICATION	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

#### Immediate cause

(a) Heart Failure due to

#### Antecedent cause(s)

(b) Chronic Myocarditis

(c)

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office hldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1957, to 3/10, 1957, that I last saw the deceased

live on 3/10, 1957, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

### 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 3/10/57

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAR 18 1961  
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

02966

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY <u>St Mary's</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Bridge</u> TOWN <u>24th</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bridge</u> OR TOWN <u>24th</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Walter</u> (Last) <u>Wilson</u>	4. DATE OF DEATH <u>March 25</u> - 19 <u>51</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1871</u> 9. AGE last birthday <u>80</u> yrs. Months <u>—</u> Days <u>23</u> Hours <u>—</u> Mins. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Light House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Lawrence Wilson</u>	
14. MOTHER'S MAIDEN NAME <u>Alie Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>	
16. SOCIAL SECURITY No. <u>44-1</u>		17. INFORMANT <u>Mrs James W. Wilson</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>450.0 Immediate cause</u> (b) <u>Antecedent cause(s)</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>97</u> <u>Seizure</u> <u>due to Tension</u> <u>seizure</u>			<u>18</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <u>none</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>none</u>	
(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u> m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>none</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>James W. Lawrence</u> (Degree or title)		ADDRESS <u>Highland Ave. N.E.</u>	
DATE SIGNED <u>3/27/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>March 25-1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Old Federal Ship Ridge St Mary's Md</u>		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3/27/51</u>		REGISTRAR'S SIGNATURE <u>James W. Lawrence</u>	
24. FUNERAL DIRECTOR <u>Joe C. Mattingly</u>		ADDRESS <u>Leonardtown Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MAR 29 1951  
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